

Your School's Letterhead Here

Letter of Invalidation

(PLEASE TYPE)

This letter is to inform the Bureau of Motor Vehicles that _____

has been deemed a habitual truant or has been suspended (2nd time), expelled, or has withdrawn from school. It is our request that you invalidate this student's driving privileges. Pursuant to IC 9-24-2-4, we are choosing to invalidate his/her driving privileges until the **earliest** of the following:

____ (1) The person becomes eighteen (18) years of age.

OR

____ (2) One hundred twenty (120) days after the person is suspended.

____ (3) End of semester which will conclude on ____/____/____ **whichever is longer.**

Student's Name: _____
First Middle Last

Gender: _____ Male / _____ Female DOB: ____/____/____

Student's Address: _____
Street City State ZIP

Name of School: _____

Principal's Signature: _____ Date: _____

Important: This form must be completed in its entirety and signed by the principal or his/her appointed representative in order to be processed.

**Mail to: Indiana Government Center North
Driver Improvement/Safety Responsibility Division
Room N402
Indianapolis, IN 46201**

Please be advised, pursuant to Indiana statute this action is only applicable to students under 18 years of age.

Inquiries may be directed to: Ja'Net Champagne – (317) 234-5098